

# Indiana RESPECT

Indiana Reduces Early Sex and Pregnancy  
by Educating Children and Teens

Adolescent and Teen Pregnancy Prevention Initiative



Community-Based Grant Program  
Application Packet and Request for Proposal (RFP)

FY 2009  
Federal Funding Only (Abstinence Only Until Marriage)

Administered by  
Indiana State Department of Health  
Maternal and Children's Special Health Care Services



Indiana State  
Department of Health

Date: January 30, 2009

To: County Health Officers  
Faith-Based Organizations  
Maternal & Child Health Project Directors  
Minority Health Coalitions  
Prospective Grant Applicants

From: Vanessa Daniels, Grants Coordinator  
Maternal & Children's Special Health Care Services  
Indiana State Department of Health

**SUBJECT: FY 2009 Indiana RESPECT Grant Application**

Enclosed please find the Indiana RESPECT (Indiana Reduces Early Sex and Pregnancy by Educating Children and Teens) Application Packet and Request for Proposal (RFP) for community-based programs that stress sexual abstinence until marriage.

This RFP is integrated with the mission of the Indiana State Department of Health to "support Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities."

Completed applications must be received by 4:00 PM E.S.T. on March 6, 2009. Applications postmarked on or later than March 6, 2009 will not be considered for funding. Applicants will be notified whether their application will be funded by April 15, 2009. Funding for projects will begin on June 1, 2009.

A technical assistance meeting will be held on February 17, 2009 in Rice Auditorium at the Indiana State Department of Health, 2 North Meridian Street, Indianapolis, IN 46204 from 1:00 pm until 3:00 pm. This meeting will be used as the forum for questions, communications and discussions regarding the RFP. Interested applicants are strongly encouraged to attend and should bring a copy of the RFP since it will be used as the agenda for the meeting. Please RSVP for this technical assistance meeting by contacting Katherine McManus, Administrative Assistant, Grants Management, either via email at [kmcmanus@isdh.in.gov](mailto:kmcmanus@isdh.in.gov) or by calling (317) 234-6309.

If you have any questions or need clarification regarding this *application*, please contact me at [vdaniels@isdh.in.gov](mailto:vdaniels@isdh.in.gov) or by calling (317) 233-1241.

If you have any *programmatic* questions about Indiana RESPECT, please contact Stephanie Woodcox, MPH, CHES, Adolescent Health Coordinator at [swoodcox@isdh.in.gov](mailto:swoodcox@isdh.in.gov) or by calling (317) 233-1374.

### Purpose:

The Maternal and Children's Special Health Care Services Division (MCSHC) of the Indiana State Department of Health announces the availability of federal funds to support the implementation of community-based programs that stress sexual abstinence until marriage.

With this announcement, MCSHC is interested in partnering with youth-serving organizations, health agencies, coalitions, faith-based organizations, schools, etc. to implement programs which address locally determined priorities and needs related to sexual abstinence education and adolescent and teen pregnancy prevention. The target populations to be served include adolescents and teens in Indiana counties with the highest rates of teen pregnancy among the 10-19 year old population (county specific data can be found on the Indiana State Department of Health website at [www.statehealth.in.gov](http://www.statehealth.in.gov)); adolescents and teens ages 10-19, all races, both male and female; and adolescents and teens attending upper elementary, middle, and high schools.

### Background:

The funds for this RFP are made available to the State under the Section 510 State Abstinence Education Program of Title V of the Social Security Act which was established under Section 912 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). The law provided for a mandatory annual appropriation of \$50 million to states to carry out abstinence education programs. The first round of abstinence education grants was awarded in November 1997. Allocation of federal funding is based on the state's proportion of low-income children to the total number of low-income children in the nation.

The purpose of federal abstinence education programs is to support decisions to abstain from sexual activity until marriage by providing abstinence education as defined by Section 510(b)(2) of the Title V Social Security Act with a focus on those groups that are most likely to bear children out-of-wedlock. The federal definition of abstinence education means an educational or motivational program which:

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Instruction using these funds must encourage and support sexual abstinence and delaying pregnancy and parenting throughout the adolescent and teen years until marriage. These funds may not be used for the provision of medical services or medical supplies. Grantees may not teach or promote religion or provide religious instruction in programs that are funded with federal dollars. (See Appendix A for Federal Guidelines)

In June 2004, the Section 510 State Abstinence Education Program was reassigned from the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) to the Department of Health and Human Services' (DHHS) Administration for Children and Families' (ACF) Family and Youth Services Bureau (FYSB). The mission of the FYSB is to provide national leadership on youth and family issues. The FYSB promotes positive outcomes for children, youth and families by supporting a wide range of comprehensive services and collaborations at the local, tribal, state and national levels.

**\*\*All funding determinations for Indiana RESPECT projects are made pending allocation of funding to the Indiana State Department of Health (ISDH). Programs may be reduced or eliminated if funds are reduced or are otherwise not available to ISDH. Federal funding for this project is contingent upon U.S. Congressional reauthorization of the program and/or further continuing funding resolutions. Currently, this federal program is authorized through June 30, 2009. \*\***

#### Problem:

Every *day* in Indiana, approximately 31 girls between the ages of 10-19 become pregnant.<sup>1</sup>  
Every *hour* of every day, a teenager in Indiana contracts a sexually transmitted disease (STD).<sup>2</sup>

An increase in sexual activity among adolescents and young adults in Indiana and the United States has lead to an alarming number of children born out-of-wedlock. In the United States, 4 out of 10 teenage girls get pregnant at least once before they reach age 20. This results in more than 900,000 teen pregnancies a year<sup>3</sup> and makes the United States the industrialized nation with the highest rate of teen pregnancy<sup>4</sup>. Although the teen birth rate in both Indiana and the United States has declined between 1991 and 2002 by 30 and 26 percent respectively, Hoosier adolescents, teens and young adults are still at great risk for bearing children out-of-wedlock.

According to the National Campaign to Prevent Teen and Unplanned Pregnancy, had the teen birth rate in Indiana not declined 26 percent between 1991 and 2002, there would have been nearly 19,000 additional children born to teen mothers during those years. In 2002, there would have been nearly 5,800 more children in poverty and nearly 6,700 additional children living with a single mother.

Besides the risk of pregnancy and having a child out-of-wedlock, another health threat to adolescents and young adults is sexually transmitted diseases (STDs). According to the Centers for Disease Control and Prevention, substantial progress has been made in preventing, diagnosing, and treating certain STDs, but there are still an estimated 19 million new infections occurring each year. Sexually transmitted diseases disproportionately affect adolescents and young adults, with one quarter of STDs diagnosed among 15-19 year-olds and two-thirds of cases occurring among 15-24 year-olds<sup>5</sup>.

Engaging in sex outside of marriage is met with a tremendous number of consequences. Teenage pregnancies are more likely to result in infant death and other poor pregnancy outcomes such as low birth weight. Unintended pregnancy increases the likelihood of child and maternal illness. Social consequences can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse.<sup>6</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy states that children get a greater jumpstart in life if they are born to couples who are at *least* in their 20s, are in a stable marriage, and who have a high school diploma or higher education.

Promoting abstinence and providing abstinence education to adolescents and young adults is one way to effectively and positively address these problems. Abstinence can greatly enhance the lives of adolescents and teens by providing 100 percent protection from out-of-wedlock births, unwanted/unplanned pregnancies, and protection against STDs. Furthermore, abstaining from sex allows adolescents and young adults to pursue higher education and career goals; strengthen or build relationships in other ways; reduce the financial burden on the economy due to out-of-wedlock pregnancies and treatment of STDs; and decrease the dependency on welfare funds.

#### Eligibility Requirements:

All public or private not-for-profit organizations and agencies are eligible to apply. School buildings will be considered as individual applicants. Grants will be awarded to applicants who demonstrate the capability and commitment of providing abstinence education programs to adolescents and teens and meet the statutory requirements. Partnerships among applicants from the same geographic area are *strongly* encouraged.

Applicants must be familiar with the following documents (see Appendix B) in their entirety to ensure compliance with all applicable requirements:

- P.L. 104-193: Section 510 Sexual Abstinence Education Definition
- P.L. 104-193, Section 104: Services Provided by Charitable, Religious, or Private Organizations
- Article 1, Sections 4 and 6 of the Indiana Constitution
- I.C. 20-8.1-7-21: AIDS Information; Contents; Consent to Distribution
- I.C. 20-10.1-4-10: AIDS Instruction
- I.C. 20-10.1-4-11: Sex Education to Emphasize Abstinence and Monogamy
- I.C. 20-10.1-4-15: Student Surveys

#### Selection Criteria:

Grants will be awarded for the implementation of community-based abstinence education programs which serve adolescents, teens and parents. Priority will be given to programs that 1) serve members of the State's focal populations (see below); 2) serve counties which demonstrate the greatest need for abstinence education programs; and 3) work to address the outcome measures (see below) of Indiana RESPECT. The Indiana State Department of Health is committed to serving the broadest geographical range of applicants throughout the state possible. Efforts will be made to award grants in all geographic areas of the State, as well as areas that demonstrate the greatest need.

#### Focal Populations:

- Indiana counties with the highest rates of teen pregnancy among the 10-19 year old population (county-specific data can be found on the Indiana State Department of Health website at [www.statehealth.in.gov](http://www.statehealth.in.gov))
- Adolescents and teens ages 10-19, all races, all ethnicities, both male and female
- Adolescents and teens attending upper elementary, middle, and high schools

#### Indiana RESPECT Outcome Measures:

- Reduce the pregnancy rate among the 15-17 year old population.
- Reduce the birth rate among the 15-17 year old population.
- Reduce the incidence of sexually transmitted infections among adolescents and teens.

#### Those served by Indiana RESPECT projects will:

- Increase their knowledge regarding the consequences of teen pregnancy and out-of-wedlock pregnancy.
- Identify at least three benefits of remaining abstinent until marriage.

#### Funding Availability:

Applicants may request up to \$30,000.

**Applicants are required to provide matching funds (cash and/or in-kind). Grantees must provide a seventy-five percent (75%) match.** For example, if requesting the maximum of \$30,000, the applicant agency is required to provide \$22,500 in matching funds. Appendix C provides a glossary of terms, including definitions of matching funds.

**\*\*All funding determinations for Indiana RESPECT projects are made pending allocation of funding to the Indiana State Department of Health (ISDH). Programs may be reduced or eliminated if funds are reduced or are otherwise not available to ISDH. Federal funding for this project is contingent upon U.S. Congressional reauthorization of the program and/or further continuing funding resolutions. Currently, this federal program is authorized through June 30, 2009.\*\***

#### How to Apply:

The Request for Proposal (RFP) begins on page 9.

#### Inquiries:

If you have any questions or need clarification regarding this *application*, please contact Vanessa Daniels, Grants Coordinator for MCSHC at [vdaniels@isdh.in.gov](mailto:vdaniels@isdh.in.gov) or by calling (317) 233-1241.

If you have any *programmatic* questions about Indiana RESPECT, please contact Stephanie Woodcox, MPH, CHES, Adolescent Health Coordinator at [swoodcox@isdh.in.gov](mailto:swoodcox@isdh.in.gov) or by calling (317) 233-1374.

Time Table:

Applications available:	January 30, 2009
Technical Assistance Meeting:	February 17, 2009 (Please see page 2 for instructions to RSVP.)
Applications <b>received</b> by ISDH/MCSHC:	By 4:00 PM E.S.T. on March 6, 2009 (Applications postmarked on or later than March 6, 2009 will not be considered for funding.)
Grant recipients notified by:	April 15, 2009
Grant start date:	June 1, 2009

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### References:

<sup>1</sup>Indiana State Department of Health. (2005). Natality Report. <http://www.in.gov/isdh/19095.htm>

<sup>2</sup>Indiana State Department of Health. (2006). Semi-Annual Sexually Transmitted Disease (STD) Morbidity Report. <http://www.in.gov/isdh/19092.htm>

<sup>3</sup>National Campaign to Prevent Teen Pregnancy. (2004). Fact sheet: How is the 34% statistic calculated? Washington, DC: Author.

<sup>4</sup>Henshaw, S.K. (2004). *U.S. Teenage Pregnancy Statistics with Comparative Statistics for Women Aged 20-24*. New York: The Alan Guttmacher Institute.

<sup>5</sup>Indiana State Department of Health. (2004). Epidemiology Resource Center.

<sup>6</sup>Indiana State Department of Health. (2008). Unintended/Teen Pregnancy Fact Sheet.

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## **Indiana RESPECT Request for Proposal (RFP)-Federal Funding**

### **Format**

- This application must be double-spaced, be printed on one side only, be on 8<sup>1/2</sup>" x 11" paper with a 1 inch margin on all sides, and use 12-point Times New Roman font.
- All pages and forms must be numbered sequentially on the bottom right hand corner of the page, even if that requires you to print the numbers on each page.
- Please identify and begin each section on a new page.
- The submitted application (and accompanying copies) must be unbound.
- **DO NOT** include photographs, oversized documents, video or audiotapes, or materials that cannot be photocopied.
- An appendix of supporting documentation may be included, however, is not required. Sections of the application will not be able to continue in the appendix should you have met the page limitation.

**The application submitted for review and consideration for funding should be collated in the following order:**

- Form 1: Applicant Agency Information
- Table of Contents
- Section 1: Narrative
- Section 2: Chosen Curriculum/Intervention
- Form 2: A-H Compliance
- Form 3: Curriculum, A-H Compliance and Medical Accuracy Assurance
- Section 4: Work Plan
- Form 4: Work Plan
- Form 5: Key Personnel
- Section 5: Sustainability
- Section 6: Reporting Requirements and Evaluation
- Form 6: Budget
- Form 7: Budget Narrative
- Form 8: Applicant Agency Revenue
- Section 8: Endorsements
- Appendix (Optional)

### **Submission:**

All applications must be received by 4:00 PM E.S.T. on March 6, 2009. An application postmarked on or later than March 6, 2009 will not be considered for funding.

Submit **one original** and **three copies** of the application to:

Randy Gardner  
Assistant Grants Coordinator  
Maternal and Children's Special Health Care Services  
Indiana State Department of Health

2 North Meridian Street, Section 8C  
Indianapolis, IN 46204

Unacceptable Applications:

An application will be deemed unacceptable and not considered for funding if it is 1) received after the submission deadline of 3/6/2009, 2) incomplete, 3) illegible, 4) not prepared according to the format or instructions, 5) insufficient to permit an adequate review, or 6) is not signed.

The remainder of this page has been left blank intentionally.

### **Form 1: Applicant Agency Information**

**Form 1, *Applicant Agency Information*** must be completed. Please do not substitute another format. Any other format will not be scored.

### **Table of Contents**

The table of contents should reflect the following with corresponding page numbers.

- Section 1: Narrative
- Section 2: Chosen Curriculum/Intervention
- Form 2: A-H Compliance
- Form 3: Curriculum, A-H Compliance and Medical Accuracy Assurance
- Section 4: Work Plan
- Form 4: Work Plan
- Form 5: Key Personnel
- Section 5: Sustainability
- Section 6: Reporting Requirements and Evaluation
- Form 6: Budget
- Form 7: Budget Narrative
- Form 8: Applicant Agency Revenue
- Section 8: Endorsements
- Appendix (Optional)

### **Section 1: Narrative (May not exceed four (4) pages)**

(This section should begin your page numbering. “Narrative” is page 1 of your application.)

This narrative serves two purposes: to provide information about the applicant agency and to demonstrate the need for an Indiana RESPECT project to be funded in your community/county.

The narrative about the applicant agency should include the following information:

- a brief history of the agency;
- the mission statement and/or goals of the agency;
- a description of how the agency serves adolescents and teens; and
- an explanation of how the receipt of Indiana RESPECT funds will compliment the mission and/or goals of the agency.

The narrative to demonstrate the need for an Indiana RESPECT project in your community/county should include the following information:

- a description of the problems (social, financial, vocational, etc.) related to adolescent and teen pregnancy facing your community/county;
- data that is specific to your community/county (do NOT include statewide data) that relates to teen pregnancy;
- an explanation of how an Indiana RESPECT project will positively impact the problems facing your community/county related to adolescent and teen pregnancy; and

- an overview of other programs in your community/county that are working to address teen pregnancy (and its related issues) and the relationship your agency has with such programs.

At the end of this section, include citations for the data which were used to prepare this section. They may either be listed on a separate page or immediately following the narrative. Bibliographic information is part of your page limitation.

## **Section 2: Chosen Curriculum/Intervention (May not exceed four (4) pages)**

This section of the application should address, in detail, why (rationale) the applicant chose a particular curriculum for implementation. Consider discussing factors that influenced your decision, such as (but not limited to) staffing, length of curriculum, and access to the adolescent and teen populations. Describe how the chosen curriculum meets the needs and assets of the adolescents and teens in the community and how the curriculum is consistent with community values. A description of the target audience to be reached by your project should be included in this section.

For this section, **Form 2: A-H Compliance** must be completed. Please do not substitute another format. Any other format will not be scored. As outlined on page 3, there are eight elements (A-H) of the federal definition of abstinence education. This form will allow the applicant agency to detail how each of these elements are meaningfully represented in their chosen curriculum/intervention.

## **Section 3: Medical Accuracy**

The State wants to ensure that the information provided to program participants is medically accurate. Should a grantee want to *supplement their chosen curriculum/intervention* with other educational materials, the grantee must provide the State with a copy of such materials and wait for approval from the State before the materials are used during the implementation of any lesson or activity.

Should a grantee want to *develop educational materials using program funds*, the grantee must seek the approval of the State prior to printing. If the material proves to be medically accurate and approval is given to the grantee by the State, the grantee must then provide a final copy of the printed material for the State to keep on file.

## **Form 3: Curriculum, A-H Compliance and Medical Accuracy Assurance**

**Form 3, Curriculum, A-H Compliance and Medical Accuracy Assurance** must be completed. Please do not substitute another format. Any other format will not be scored.

## **Section 4: Work Plan (May not exceed three (3) pages)**

This section should briefly, but specifically, describe activities related to 1) planning, 2) implementing, and 3) evaluating your chosen curriculum/intervention. Be sure activities are presented in a logical, step-by-step manner.

For this section, **Form 4: Work Plan** must be completed. Please do not substitute another format. Any other format will not be scored.

### **Form 5: Key Personnel**

**Form 5, *Key Personnel*** will capture information regarding the relevant education, training, and work experience of key project staff including the program director, coordinator, and anyone who has a direct link to the implementation of the project. Form 5 must be completed for *each* staff person who meets these requirements. This form may be duplicated as necessary. Please do not substitute another format. Any other format will not be scored.

### **Section 5: Sustainability (May not exceed three (3) pages)**

Implementing a program is important. Ensuring the continuation of a program is even more important. To achieve the latter, a plan of sustainability is needed. This section should include *specific* plans for action toward the sustainability of the proposed Indiana RESPECT project. Be sure that you go back to the previous section, “Work Plan”, and build in these plans for sustainability.

To assist you in developing such a plan, consider some of the following: utilizing and maximizing existing project resources; starting small and building on successes; tracking data and collecting individual stories to strengthen project support; advocating to create community awareness about your project; networking with those who may benefit from what you do and vice versa; building strong relationships with key stakeholders in the community/county; involving families and community members at every step; and looking for resources and funding opportunities continuously.

### **Section 6: Reporting Requirements and Evaluation**

The completion and submission of six (6) reporting forms will be required every six months. These forms include:

- Unduplicated Count of Clients Served (Form A)
- Hours of Service Received by Clients (Form B)
- Program Completion Data (Form C)
- Communities Served (Form D)
- A-H Compliance (Form E)
- Work Plan Progress (Form F)

(Samples of these forms can be found in Appendix D)

Additionally, funded projects will be required to develop an evaluation tool which will measure the following performance measures:

Those served by an Indiana RESPECT project will:

- Increase their knowledge regarding the consequences of teen pregnancy and out-of-wedlock pregnancy.
- Identify at least three benefits of remaining abstinent until marriage.

A preliminary evaluation tool to track the abovementioned performance measures should be included in this section.

\*Funded projects will receive instruction on how to complete Forms A-F and develop an evaluation tool at a later technical assistance meeting.

## **Section 7: Budget and Budget Narrative**

The budget is an estimate of what the project will cost to implement. The Indiana State Department of Health, Maternal and Children's Special Health Care Services Division supports reasonable and necessary costs for grants within the scope of the approved projects.

Allowable costs may include planning and evaluation; salaries; training; educational materials; educational equipment (infant simulators, videos, displays, models); media activities; in-state travel (\$0.44 cents/mile); incentives; and consultant fees. Non-allowable costs include food, out-of-state travel, and general equipment and computer equipment (hardware and software) for the maintenance of the applicant agency. Non-allowable items may not be purchased with either grant funds or matching funds.

For this section, **Form 6: Budget** must be completed. The column *ISDH Request Amount* should reflect the amount the applicant agency is requesting for each line item from Indiana RESPECT, with a total amount not to exceed \$30,000. The column *Matching Funds* should reflect the contribution (cash and/or in-kind), per line item, the applicant agency will expend for the proposed project. **Applicants are required to provide a minimum matching amount of 75%.** For example, if requesting the maximum of \$30,000, the applicant agency is required to provide \$22,500 in matching funds. Appendix C provides a glossary of terms, including definitions of matching funds. The *Total Project Cost* should be calculated for each line item as well as the overall total cost.

For this section, **Form 7: Budget Narrative** must be completed. Each narrative statement should describe the specific line item, how the specific item relates to the project, and how the amount shown in the budget was derived. Cash and/or in-kind contributions (matching funds) should be identified as well.

Please do not substitute another format for the forms in this section. Any other format will not be scored.

## **Form 8: Applicant Agency Revenue**

**Form 8: Applicant Agency Revenue** must be completed. Please do not substitute another format. Any other format will not be scored.

## **Section 8: Endorsements**

Provide a minimum of three (3) (and no more than five) current letters of collaboration describing a partnership that will occur between the applicant agency and other community organizations (e.g. schools, hospitals, youth serving organizations, etc.) to implement the proposed project.

## **Appendix (Optional)**

If there are supporting documents you would like to include with this application, they may be inserted into the appendix. An appendix is not required.

A copy of the scoring tool to be used to evaluate the applications can be found in Appendix E.

-End of Application-